FILED EFFECTIVE

Signature: ___

Printed Name: _

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

2009 MAY -6 PH 12: 17

Pursuant to Section 53-504, Idaho Code, the undersigned STATE OF IDAHO

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

Sharee Garner

Owner / Partner

(see instruction # 8 on back of form)

The true name(s) and business address(es) o business under the assumed business name:	f the entity or individual(s) doing	
Name	Complete Address	
Shalee Garner	379 East 200 South, Burley, ID 83318	
Skylee Taylor	3314 Overland, Burley, ID 83318	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
Shalee Garner 1337 Overland Avenue	(208) 334-2301	
Burley, ID 83318	(
Name and address for this acknowledgment copy is (frother than # 4 shove):		٠.

IDANO SECRETARY OF STATE

@5/06/2009 @5:00

CK: 235649/ NO CK# CT: 236853 BH: 1169300
1 B 25.68 = 25.00 ASSUN NAME # 3

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